THE FUTURE IS OURS

AN HIV/STD SEXUAL RISK REDUCTION GROUP-LEVEL INTERVENTION FOR WOMEN

TECHNICAL ASSISTANCE GUIDE

Packaged by:
Nonprofit Consulting Services–a program of Public Health Solutions
and the HIV Center for Clinical and Behavioral Studies
at New York State Psychiatric Institute and Columbia University

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MERGING RESEARCH AND ACTION
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SECTION 1: Introduction to the Technical Assistance Guide (TA Guide)

The Future is Ours (FIO) is an eight-session evidence-based HIV prevention intervention. It is delivered to high-risk heterosexually active women of diverse ethnicities in an interactive group format. FIO can be used by any community clinic or organization, or health department with clients who are at risk due to their sexual relationships with men. The overall goal of FIO is to empower women to reduce unsafe sexual encounters.

How to Use This Guide

The Technical Assistance Guide was developed as a resource for the provision of technical assistance (TA) to agencies that are implementing The Future is Ours (FIO). It provides an overview of important information about the intervention, including its goals, core elements and key characteristics, and advice on planning and implementation. More detailed information on implementation can be found in the Program Manager Guide and Facilitator Guide. If you have further questions on material not covered in either of these guides, your funder can direct you to resources for additional TA.

This picture is found throughout this guide and indicates experiences from the case study agencies that tested the package for FIO. Information found in this guide was gathered from the original research and from two case study agencies—one community-based and the other clinical/hospital based—that tested the FIO package of materials. The TA Guide also answers common questions that may not be included in package and training materials.

Intended Audience

This manual is intended to assist agencies in the effective implementation of The FIO intervention. It can serve as an important resource for both implementing agencies, and TA providers to ensure that the intervention is delivered in a manner that demonstrates fidelity to the core elements and key characteristics of FIO.

Implementing agencies can refer to this guide during the planning and implementing process. It may be used as a supplement to the Program Manager Guide and training materials, and is most effective when used in conjunction with guidance from TA providers.

This guide should also be used by TA providers to familiarize them with the intervention so as to better respond to the questions and needs of implementing agencies. It helps them respond to specific questions posed by the implementing agency, or as a more general guide in providing comprehensive assistance to a specific agency.

The TA Guide IS NOT to be used as a standalone guide to understand the FIO intervention. Agency staff must be trained on the intervention and orientated to the Program Manager Guide, the Facilitator Guide and other intervention materials to successfully implement FIO.

FIO's Package Content

The FIO Intervention Package consists of the following contents:

- Program Manager Guide
  - Explanation of Program Manager Guide
  - Overview of FIO
  - Pre-Implementation of FIO
  - Implementation of FIO
  - Maintenance Plan

- Facilitator Guide
  - Pre-Implementation Information
  - FIO Eight Scripted Intervention Sessions
  - Participant Workbook

- Technical Assistance Guide
  - Basic Intervention Information
  - Common Questions and Answers

- Female Condom "Gotta Try It" Video
  - Video Used in Session Four of the Facilitator Guide

Q. How Do I Obtain Additional Copies of the FIO Program Package?

A. The FIO Program Package is distributed to agencies via bound copies and CD, when staff attend the formal training sponsored by CDC. If you received copies of the FIO program package on disk, you can print additional copies. If you do not have electronic copies, you can contact your capacity building assistance (CBA) provider or CDC Project Officer to attend training or obtain copies.

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

SECTION 2: Overview of FIO

CDC Diffusion of Science-Based Interventions

The CDC has a national strategy to provide high-quality training and technical assistance to prepare regional and community HIV programs to implement science-based HIV interventions. The CDC is collaborating with the original researchers to make effective interventions available to communities.

For information about other effective interventions being diffused through CDC, visit the CDC Websites:

www.cdc.gov/hiv/projects/rep/default.htm
www.effectiveinterventions.org

For more comprehensive information on the science behind FIO, refer to the "Overview" section of the Program Manager Guide and the Facilitator Guide. See these guides for descriptions of the intervention and research study, including the theoretical foundation of the intervention and the research outcomes. You will also find the FIO Core Elements in both guides and the Behavior Change Logic Model in the Program Manager Guide. The tables below are included throughout the TA Guide to direct you to where information can be found in the Program Manager Guide, Facilitator Guide, and Appendices.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
The Intervention	7	7
Theoretical Foundation	10	10
The Research Project	19	9
The Core Elements Key Characteristics	13	15
The Behavior Change Logic Model	NA	NA
The Implementation Summary	23	NA

FIO Intervention

Q. Do We Have to Implement FIO Exactly as it Was Done in the Original Research?

A. By doing the intervention as it was done in the original research, you increase the likelihood of achieving similar outcomes. However, certain changes, particularly ones that make the intervention more appealing to clients and still adhere to the Core Elements, are definitely desirable. See **Appendix C** in the Program Manager Guide for information on these types of changes. There are some aspects of FIO that must be done exactly as in the original research. The Core Elements must be adhered to for fidelity purposes and cannot be altered or deleted. The Core Elements include almost all the activities of FIO including scripted and unscripted role-plays, letter writing, demonstrations followed by practice, and goal-setting.

Q. How Are FIO Sessions Different From Support Group Sessions?

A. FIO sessions are not ongoing. There are eight-sessions in the FIO cycle. These are not meant to be counseling sessions, but instead are skills-building sessions. Each session has an agenda and objectives. FIO can be done with an existing support group or it can be used to start a new support group. However, unlike many support groups, there is a formal enrollment process and a distinct end to the group. The sessions are closed to new members after the second session. Also, there are two facilitators who facilitate the single-sex groups.

Q. How is FIO Different From Other Interventions That Target Heterosexually active African American and Latina Women 18 to 30 Years Old?

A. FIO is designed to be delivered to an audience of diverse ethnicities since it focuses on the common experiences of women and their relationships with men. Other interventions, such as SISTA, target one racial or ethnic group. FIO also offers a range of choices for women to reduce their HIV/STD risk such as male and/or female condom use, mutual HIV/STD testing, sex without penetration (outercourse), and abstinence.

Q. Why is There So Much Repetition Among the Sessions?

A. It is crucial that implementing agencies understand that FIO is built on repetition as a learning technique. It is through repetition that participants learn the risk reduction skills—including communication, male and female condom use, and refusal skills—and are able to successfully incorporate these skills into their daily practices and decisions.

Q. Why is it Important to Have Closed Sessions (*No New Members After the Second Session*)?

A. FIO provides a great deal of information and skills-building activities that build upon each other. Additionally, group members share personal stories and experiences in every session that helps build group support and trust. In order to have the full benefit of FIO, new participants should not join past the second session.

SECTION 3: Getting Started and Planning

There are a number of factors to consider prior to implementing FIO. For example, how many and what kinds of staff you should hire, and how much time and effort your agency should allocate prior to and during implementation. Below are a number of questions agencies preparing to implement FIO have asked. For more information on a number of these issues, including an implementation summary and timeline and a sample cost sheet, refer to the Pre-Implementation section of the Program Manager Guide.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
Improving Agency Readiness	23	NA
Creating Your FIO Implementation Plan	Appendix G	NA
Preparing to Manage Staff for FIO	27	NA
Developing an Evaluation Plan	79	NA
Securing "Buy-in"	24	NA

Staffing FIO

Q. How Do I Train Staff to Implement FIO?

A. Once you have found potential facilitators, provide them with the basic information about FIO and what their specific roles and responsibilities will be. Both facilitators will be required to attend a FIO Training of Facilitators (TOF) course. You can use sections of this manual including *Overview of FIO, FIO Fact Sheet,* and the *FIO Facilitator Guide* to orient facilitators around the goals and objectives of the intervention, and accordingly what their jobs will involve. It is also recommended that facilitators have, or obtain, HIV 101 knowledge and skills prior to attending a FIO (TOF) course in addition to the skill sets listed above. Facilitation skill building is also available through CBA requests.

Q. What if a Facilitator Cannot Conduct or Complete a FIO Session?

A. Program managers may want to have a third staff member trained in facilitating the FIO intervention, in case there is a need for a person to fill-in for one of the facilitators.

Q. How Many Full-Time Equivalent Staff (FTEs) Are Needed to Conduct the Intervention, and What Experience, Skills, or Competencies Should They Have?

A. The number of full-time staff needed will depend on how many cycles an agency intends to implement in a specific time period. It is recommended that an agency have at least one full-time staff member dedicated to their FIO program.

Facilitators should have training in HIV 101, experience in self-help group facilitation, and be comfortable working with women. It is important to note that the facilitators for FIO will operate in a role that is somewhere between a <u>teacher</u> and a <u>group facilitator</u>. Therefore, effective facilitators of FIO should have both teaching and group facilitation skills. These skills are listed in detail in the Facilitator Guide and Program Manager Guide

Q. If I Can't Locate Staff With the Skills That Are Needed, What Should I Do?

A. There are a number of ways to find and recruit staff with the skills necessary to implement FIO. The following are some suggestions:

- Ask your advisory board to identify appropriate individuals and get the word out to relevant agencies
- Network within your own and partner agencies for recommendations
- Attend relevant conferences and community events to recruit qualified and available individuals
- Post the position in local newspapers and other job posting sites—some are free

Q. Do the Staff Who Conduct the Intervention Need to be the Same Ethnicity as the Clients?

A. It is recommended that at least one facilitator match the ethnicity of the majority of participants. Remember that a facilitator's familiarity with the target population and cultural competency is more important than a surface match of ethnicity.

Case Study agencies conducted the intervention with one staff member who matched the ethnicity

of most clients and one who did not but had extensive experience working in the community, and found they were able to effectively implement the intervention.

Q. Do the Staff Who Conduct the Intervention Need to be the Same Gender as the Clients?

A. Past experience in delivering the intervention has demonstrated that women feel more comfortable and safer discussing issues of sex and sexuality with female facilitators. For women who have been victims of domestic violence or any crimes against women, the presence of a female facilitator will help to create a safe and supportive environment.

Q. Are Two Facilitators Needed to Conduct FIO?

A. Yes. FIO's exercises are heavily based on teaching and practicing skills. Two facilitators can assist one another to remain on-task and on-time so as to avoid exceeding the time allotted for exercises and each session as a whole. While one facilitator is covering the material such as demonstrating condom use or reviewing Communication Tips, the other facilitator must take an active role in observing participants for emotional reactions, distributing "Thanks" Chips, and being available to assist participants individually if needed.

Q. Why do all Agency Staff Need an Orientation?

A. Orienting all agency staff to FIO will help create "buy-in" at your agency. Securing "buy-in" is important because it assures the support of the administration within your agency and helps ensure that resources will be allocated specifically for your program. It also helps when recruiting FIO participants and ensures facilitators are fully on board with the program. Obtaining "buy-in" can be accomplished with an intervention *Promoter*, or someone who strongly advocates for FIO. This *Promoter* could be an individual or a group of people. Either way, their primary function is to help the agency understand how implementing FIO will enhance the quality of prevention services, and to ensure the agency has the capacity to implement FIO.

One case study agency conducted a mini-training for all staff at their site to orient them to FIO which they felt was very helpful. They went through the main goals and activities of the intervention with support staff using the materials they acquired from the TOF.

Q. What Kind of Qualifications Should a *Promoter* Have?

A. A *Promoter* should be a mid- to upper-level administrator who serves as a link between administration and staff as well as between the agency and other agencies and stakeholders. They need to be adept at answering questions and mediating changes in organization structure; they can serve as a negotiator of any necessary exchanges or compromises. The *Promoter* should be the intervention's spokesperson, and should anticipate and respond to the hesitancy of staff, and answer questions about needs and resources. This means the *Promoter* must have significant knowledge of the intervention including the Core Elements, Key Characteristics, and the costs entailed. In addition, the *Promoter* can use the marketing materials available in the intervention package along with the information presented in this guide and the entire package to further field any questions or concerns about FIO.

Q. How Can You Tell if Someone Will be a Good Facilitator?

A. Effective facilitators are individuals who are trustworthy, dynamic, respectful, and non-judgmental. They should be effective at building rapport and promoting communication, and flexible enough to adapt to changing group dynamics. Refer to your **Program Manager Guide** for a detailed list of characteristics of effective facilitators.

Case study agencies felt that facilitators who were most effective had a dynamic personality that they brought to the group sessions and who believed in the curriculum so they were better able to 'sell it.'

Q. How Can Staff Get Trained in FIO?

A. To register for training go to www.effectiveinterventions.org or, if relevant, contact your CDC representative.

Q. How Can I Train Staff Members Who Were Not Able to Attend the FIO Training?

A. Staff members who were not able to attend the FIO Training of Facilitators (TOF) must register for the next available FIO training. Only staff members who have received the official FIO TOF may facilitate the intervention.

FIO Implementation Plan

Q. Is a Community Advisory Board (CAB) Required? How Does an Advisory Board help in Implementing FIO?, and How Do I Select One?

A. An effective CAB is essential for the adequate planning and implementation of FIO. CABs are generally made up of a maximum of 20 individuals who serve as the primary liaisons between the community and the implementing agency. Membership is composed of community leaders, health care professionals, program administrators, policy makers and peers committed to the reduction of HIV transmission for FIO's target population. Effective CABs can assist your agency in implementing FIO through such tasks as:

- Performing general community outreach and education;
- Identifying the needs of the community and defining the target population to be reached by the intervention;
- Supporting recruitment efforts through active promotion of the intervention within the members' organizations and throughout the community;
- Providing implementing organizations with insight as to the potential perspectives, attitudes, or needs of the target population;
- Identifying potential venues for the facilitation of FIO;
- Monitoring programming to ensure it accords with the needs, concerns, and priorities of the community; and
- Connecting the implementing organization to broader efforts, such as representation at regional, national, and international meetings and conferences.

Q. What Kind of Screening Tools Can be Used to Screen Potential Participants?

A. The FIO package includes a screening tool, *FIO Participant Enrollment Form*, with questions that implementing agencies can use to determine the appropriateness of potential participants. This screening tool can be found in the Program Manager Guide. It is recommended that potential participants be screened at the time they are recruited, even if the intervention is not ready to begin. Experience with FIO shows that women who meet all the eligibility criteria are the ones most likely to make behavior changes as a consequence of participating in FIO.

Q. When Scheduling a Meeting Room for FIO, for How Long Should the Room be Reserved?

A. The meeting room should be reserved for a minimum of two hours. You might need significantly more time. Determine the total amount of time required to prepare, deliver and conclude FIO. Consider the time required to setup the room, including hanging newsprints and posters, arranging seats in a circle, and setting up refreshments. Each session has two hours of content. Your agency may decide to schedule a break during each session, which will increase the time required to complete each session. Finally, allow time after the session to speak with participants individually and for women to meet informally with each other.

Case study agencies found that they needed to reserve space for a minimum of three hours so they had adequate setup time, as well as time to complete the intervention when women arrived late. When a room was only available for two hours, the intervention was disrupted.

Q. What Are the Steps for Scheduling FIO Sessions?

A. Some suggestions for scheduling sessions are:

- Identify as many potential venues as you can that have adequate space for the group sessions.
- Choose venues that have spacious and private meeting rooms with comfortable seating, as well as tables for food. The venue should allow food in the room, be easily accessible by various forms of transportation, and be wheelchair/handicapped accessible. Also, take into consideration the length of time you can have the room, in case the intervention runs longer than eight weeks or eight sessions.
- Recruit your participants through a variety of methods (see the Recruitment Section of this manual for more in-depth guidance).
- Confirm that the venue can accommodate all your needs and requirements. You may need to establish a Memorandum of Understanding or Agreement (MOU/MOA) with the venue, that covers roles, responsibilities, expectations, meeting times and any other logistical information.
- Schedule sessions on days and times that are convenient for participants and facilitators.

Q. What is the Minimum Number of Participants for an Intervention Cycle?

A. Given the number of group activities and role-plays, it is recommended that each FIO session have at least six participants. Having at least this many participants will ensure there will be enough people to sufficiently stimulate discussion and get a variety of viewpoints. Additionally, this will keep the energy level of the group up and prevent the same individual(s) from having to act in the role-plays over and over.

Case study agencies attempted to conduct some sessions with four individuals and found that it was tiring for participants due to their repeated participation in role-plays and emphasized role in group discussions.

Q. What is the Maximum Number of Participants for an Intervention Cycle?

A. In order to properly process group activities and provide women with opportunities to discuss personal experiences, it is recommended that each FIO session have a maximum of 15 participants. Any more participants would hinder group development and cohesion.

Q. Is There a FIO Attendance Policy?

A. Because every session builds on the previous one, implementing agencies should have an attendance policy that clearly explains the agency's expectation that participants attend every session. It should also have protocols around arriving late and the notification process for absences. Participants cannot join the group if they have missed both Sessions One and Two.

Q. What Do We Do if a Participant Misses One or More Sessions?

A. Participants are not considered to have completed FIO if they miss more than two sessions. That is, your agency may choose not to give a participant the promised incentive such as the graduation certificate or cash reward. It is up to the implementing agency to develop protocols on the specifics of this (e.g., whether to allow a participant who has missed more than two sessions to participate in future sessions). Agencies should be sure to make these requirements clear to participants upon registration.

One case study agency found that they were not able to exclude women who had missed both Sessions One and Two from joining FIO at a later time. This was because they recruited their participants from a pre-existing group of women who were strongly connected to each other. They found that allowing these "late-joining" participants to remain was not disruptive.

Q. What if Only One of the Two Facilitators Can Be Present?

A. Given the nature of topics discussed, it is very important to have two facilitators present in every session. This allows one facilitator to address the needs of a specific participant in private, while the other can ensure the group continues to run smoothly. Plus, FIO has many exercises and activities for which two facilitators are needed to keep the learning environment stimulated and energized

If one of the facilitators is not able to make one of the sessions, agencies should bring in a back-up facilitator for that session, but remember that that back-up facilitator must have completed a CDC-certified TOF.

Q. If Trained Facilitators Leave the Agency, Does the New Staff Have to Attend Training?

A. All new staff should attend the next available FIO TOF. In the meantime, they can get oriented by reviewing the training with their co-facilitators and program managers, and contacting their capacity building assistance (CBA) providers for guidance and materials. New staff should not facilitate/co-facilitate a FIO session until an official FIO TOF has been completed.

Q. Are Non-FIO Participants Allowed to Attend Sessions?

A. FIO is a closed group. This means that only participants and facilitators may attend. Program managers may attend for quality assurance purposes. If the program manager attends, s/he should be introduced, and participants should be told that the manager will be there only to evaluate the facilitators. If a participant brings a child, then the facilitator(s) and the group should make the decision as to whether the child and/or the participant should be allowed to remain in that session. Childcare issues can affect participants' ability to attend FIO. Try to ascertain in advance if this will be an issue for your group members. If they need childcare assistance in order to attend the group, try to arrange something in advance. Include this information in the agency's intervention policies.

One case study agency allowed small children (younger than 2-years-old) to attend the sessions and found that they were noisy and very distracting to the women.

Q. How Do We Provide Incentives or Refreshments That Are Not in Our Budget?

A. Look to your stakeholders for assistance. Local agencies and merchants may be willing to donate incentives and refreshments to assist with recruitment and retention of participants. Your CAB may be able to direct you to or secure local resources that are committed to your community and/or your target population.

Q. Do "Thanks" Chips Need to be Used in Every FIO Session?

A. Yes. The use of "Thanks" Chips in behavioral interventions has been researched and validated as an effective method to provide positive reinforcement. Behaviors that are noticed and encouraged by others increase in frequency. Those that are not noticed usually decrease. This process generally occurs without awareness. Using "Thanks" Chips also helps to build individuals' self-esteem and the sense of group cohesion and social support. Facilitators should use "Thanks" Chips frequently in each of the sessions to encourage positive affirmation of the participants.

Q. How Are "Thanks" Chips Used?

A. In FIO, facilitators give each participant 20 "Thanks" Chips at the beginning of each session. When anyone says or does anything someone else likes or agrees with, finds encouraging, causes her to think, etc., she hands the person a "Thanks" Chip. "Thanks" Chips are not "turned in" at the end of the session for something of value. Simply receiving "thanks" or "props" from their peers and making others feel good about themselves leaves most participants at the end of the session with positive feelings about themselves.

The key to everyone using "Thanks" Chips rests with the facilitators' comfort with using them. If the facilitators take "thanks" seriously and use them at every opportunity to offer positive encouragement, the participants will also respect their value and will actively use them. Note that we recommend using "Thanks" Chips in every session to encourage all participants to give positive feedback to each other.

One case study agency who led a FIO group with younger women found that the women were distracted by different colored "Thanks" Chips and tended to vie for particular colors. In this case, they suggested using uniform, black and white "Thanks" Chips.

SECTION 4: Recruitment, Retention, and Marketing

Finding and maintaining participants from your agency's target population can be one of the biggest challenges to successfully implementing FIO. Some agencies have "captive" audiences which can make recruitment easier, while others have no specific group or partner agency to draw from and will need to start outreach efforts from scratch. Recruiting sufficient participants is one challenge. The other is retaining them. Once you identify potential participants, you will need to consider how to keep them for the entire eight-week program. High retention rates maximize the effectiveness of the intervention. To a large degree, the success of your recruitment and retention efforts depends on how well you market the intervention to both your partner agencies and your target population.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
Recruiting Participants for FIO Sessions	Pages 27-28	Pages 28-29
Retention of Participants Throughout the Intervention	Pages 29-30	Pages 30-31
Marketing FIO	Appendix V and W	NA

Q. What Are Effective Ways to Recruit Participants for FIO?

A. There are a number of methods that can be used to recruit clients; each agency should develop a recruitment plan for participants who meet the eligibility criteria in their community. Some methods that were successful include posting flyers in areas where your target population spends time, placing advertisements in community newsletters, and mobilizing agency representatives to do street outreach and agency in-reach at relevant times/locations.

Identifying the participant's social networks is another low-cost, effective strategy for reaching large numbers of potential participants. Any agency in your network that has a specific and organized connection to your target population will be invaluable to your recruitment efforts. They can identify relevant participants, host sessions, make announcements at relevant events, and spread the word through existing social networks. This is particularly true for agencies that have a "captive audience" such as programs where participants are required to attend in order to meet legal or educational obligations.

To formalize this relationship, it is suggested that you develop a Memorandum of Understanding (MOU) that specifies the relationship between your agency and the partner agency that reflects their commitment to support the program. For example, the partner agency agrees to refer appropriate clients to your agency for screening and recruitment into FIO. Your agency agrees to provide HIV prevention services through FIO and proper referrals for additional needs. This exchange of services will serve as an incentive for your partner agency to maintain its commitment and effort to recruit participants on your behalf.

Your CAB should be used as a resource for recruitment and should be consulted in the development of your recruitment plan. CABs can inform your agency of the most appropriate locations to recruit your target population, provide specific strategies that have been found effective in the past, connect you with free or low-cost resources to help with recruitment, and even help with recruitment itself.

One case study agency felt that their most effective recruitment strategy was to enlist the help of a person who was very well known and liked in the community to spread the word about FIO.

Another case study agency found that recruiting from a pre-existing group of parents who dropped their children off at school was particularly effective. They also recommend looking to Head Start programs for participants.

Q. What Information Should I Obtain to Ensure I Can Reach Women Who Indicated Interest in Participating?

A. Once potential participants are identified, it is important to obtain detailed contact information to increase your chances of being able to reach them when you have completed your recruitment efforts. Some suggestions of information you should obtain include:

- Participant's name and nicknames; phone numbers including cell, office, and home phone; and email addresses and Internet affiliations such as Facebook, MySpace, Skype, etc.
- Participant's home address(es)
- Participant's mailing address
- Names, addresses, phone numbers, email addresses, etc. of two alternate contacts who would know the participant's whereabouts if her contact information changes (ideally these contacts should not have the same phone number and address as the participant)

You should also develop an agency policy and obtain instructions your staff should adhere to when contacting the participant or her contacts. You may want to consider developing a standard telephone script or email message so everyone receives the same messages as appropriate. Other policies might include whether it is okay to leave a message with the person answering the phone or a voicemail, or to send emails (especially if the email address is shared or someone else has access). This is important for confidentiality purposes.

Having such detailed contact information can also help with ensuring retention of participants.

Q. What Qualifications Should a Recruiter Have?

A. Anyone familiar with the goals of the program or connected to your target population can be useful for client recruitment. This may include designated staff such as your facilitators, in addition to specific members of the community such as religious leaders, hairdressers, and social event organizers. Also, members of your community advisory board, community gatekeepers, and previous clients of the agency or intervention can either serve as recruiters themselves or connect you to other individuals interested in and able to recruit. If recruiters are not staff, it should be made clear that the recruiters are acting as volunteers. The person(s) conducting recruitment have to be fully engaged and committed to FIO, and believe in its efficacy. If they don't truly believe in the program, they will not be as effective in recruiting.

One case study agency found that even a male recruiter could be effective provided that he was well-informed about the intervention and had credibility in the community.

One case study agency felt that the facilitators themselves were the most effective recruiters because they were able to explain to women that they themselves would be running the groups and assuage some fears of the women about going to a group of strangers.

Q. How Can We Find Eligible Participants?

A. The organizations, agencies, and social venues where members of your target population receive services or spend time are ideal for recruitment. These can include other programs at your own agency, clinics or social service agencies such as Planned Parenthood or WIC centers, hair salons and laundromats, day care centers, after-school programs or more entertainment-focused venues including clubs, community centers, and neighborhood hang-out spots. If you leave materials at these venues, it is important to check them regularly and restock as needed. If you are making presentations in waiting rooms, you should plan on doing these on a regular basis.

One case study agency recommends formalizing relationships with WIC centers and clinics in advance of recruiting to be sure that the appropriate permissions are received to conduct recruitment on site.

Q. How Many Women Should We Recruit to Obtain the Target Number of Eight to Twelve Participants?

A. When recruiting potential participants, ensure that you obtain commitments from approximately three times the total number of women who you want to complete the cycle. For example, if you want eight participants to complete the eight-session cycle of FIO, recruit 24 women. Implementation of multi-session interventions have proven that many women will report commitment to participate but do not begin the intervention. Similarly, there is a certain percentage of participants who will not be retained in the intervention.

The case study agencies found that approximately two-thirds of the participants who originally expressed an interest and commitment to attending the first session of FIO did not show. This brought their total number of participants attending below the optimal levels. They did not have sufficient time to recruit additional women before the beginning of the next session. Additionally, since several women did not return after the first session, it is important to make the first session very interesting to increase the chances of women returning. Thus, ice-breaker exercises should be fun, conduct an early draw of lottery prizes, small gifts for arriving on time, etc.

Q. How Long Does it Typically Take to Recruit Women into FIO?

A. Schedule plenty of time before you intend to begin FIO to recruit participants. Previous recruitment efforts have shown that some aspects of recruitment need to begin two to three months before holding sessions. For instance, reaching out to partner agencies or other community agencies or health departments requires time to obtain buy-in and any necessary approvals. Preparing outreach and advertising materials also takes time and should be taken into account. However, if your agency has successfully recruited a sufficient number of participants, and has done the necessary planning and materials preparation, then you can start implementing sooner.

For the original research study, it took between one and three months to recruit eight to twelve eligible women into FIO. One of the case study agencies was forced to delay the beginning of implementation due to low recruitment. The case study agencies were able to recruit approximately six women in one month.

Q. How Can We Retain Women Who Express Interest in Participating in FIO as We Continue Recruiting?

A. Develop a plan to engage and retain those women who express interest while you are continuing to recruit for the group. Collecting extensive contact information is an important first step. Continuing to communicate periodically during your recruitment period so they stay engaged with you is another tool. This might include offering supportive group sessions, individualized services, periodic phone/email/instant messages, and reminder postcards with the FIO logo for easy recognition.

Q. How Can We Get Our Clients Interested in FIO?

A. You may choose to customize the included FIO Marketing Tool to post within your agency. Staff may provide brief presentations discussing the goals of FIO to clients. Incentives and assistance with childcare and/or transportation costs should be emphasized. Equally important, you should emphasize the benefits of FIO. You may need to tailor your message to your target population, but women will come and stay for the duration of FIO if they see the benefit the program will have for them. Once your agency has conducted a couple of cycles of FIO, you could recruit past participants to act as promoters of FIO.

One case study agency found that promoting the message that FIO will provide knowledge and skills that women can in turn share with their communities was an effective way to garner interest.

Q. Are Incentives a Requirement for Recruitment, Retention and Attendance?

A. Incentives are useful in both motivating participants to attend FIO for the first time, and ensuring they return on a consistent basis. Another use of incentives is to keep participants engaged during sessions, such as food and small prizes for participating in role-plays or getting an answer correct.

In the original research, incentives were used to encourage intervention participants to arrive on time. Lotteries were conducted at the beginning of each session and incentives were provided to the lottery winner. Only the participants who arrived on time were eligible to participate in the lottery.

Incentives can be both practical (e.g., transportation vouchers and food coupons), or more fun-focused (e.g., lottery prizes, gift baskets with miscellaneous travel-size items like liquid body wash, lotion, toothpaste, etc., make-up, clothing, or movie passes). Offering incentives, such as having an introductory open house breakfast, graduation ceremonies, or small "Thanks" Chips of appreciation given out at the end of each session can be a useful tool in bringing women in to introduce them to FIO as well as to keep them coming back. It is important to set aside time and resources for appropriate incentives. Your agency should research what your most cost-effective incentives are, and can use the guidance of selected members of the target population. If your agency does not have the financial capabilities to purchase incentives, you could consider soliciting from various merchants.

Incentives are not a core element or key characteristic of FIO so agencies are not required to provide them. We recommend agencies consider using incentives for the same reasons they were used in the original research. We also encourage agencies to be creative with how incentives are used and delivered.

The case study agencies utilized different types of incentives to recruit and retain participants. They provided round-trip transportation vouchers and food (pasta, pizza, breakfast items). For the lotteries, the prizes included scarves, purse mirrors, purses, toiletries including shampoos and soaps, sex toys including vibrators and scented/flavored lubricants, and small picture albums. Graduation ceremonies for women who completed the cycle included certificates and distribution of safe sex kits. To get women in the door, one agency provided $10 cash for Session One. Finally, women who completed at least six of the eight sessions received a $50 gift certificate to a local store.

Q. How Do I Obtain In-Kind Contributions?

A. During the Pre-Implementation phase of FIO, your organization should identify and secure support from stakeholders from organizations which could provide assistance or other resources. You could then solicit gifts from these committed stakeholders. Alternatively, you could ask local merchants for donated products. Also, ask your community advisory board for additional ideas.

Q. How Do We Keep in Touch With Participants to Help Ensure They Come Back?

A. Follow-up after the last FIO session is very important to conducting effective program evaluation. Planning to follow-up after the session ends and before beginning the next session is a good strategy. Your staff will need to prepare for this by ensuring key contact information was collected, such as physical addresses, email addresses, screen names, social networking website accounts, and telephone numbers, and any other means your agency uses to keep in contact. Administrative actions such as regular session reminders can improve participant retention. Keeping in touch with participants can help to support their commitment to the program and reinforce group support and cohesion. If possible, obtain contact information that is as extensive as possible, including information on friends and family who may be able to assist you in contacting participants. Successful retention may require maintaining consistent contact with participants. This may include sending meeting reminders, post cards, email or text message or making phone calls (Calling Post), just prior to the next session, or as a thank you for attending the current session. Making multiple reminder calls to each participant every week is highly recommended. If appropriate, fostering a “buddy” system may prove effective. For example, an agency could ask participants to keep in contact with one another, designate certain participants to call other participants before each session, or have them plan to come together. These concepts are of key importance given the social and cultural aspects of women’s lives and the number of FIO sessions that are conducted.

The case study agencies called each participant starting several days before the next scheduled session. Each participant was called the morning of, and an hour before, the session.

Section 5: Preparing and Implementing FIO

The FIO Facilitator Guide is a comprehensive guide that is a standalone bound document. This guide includes step-by-step instructions on facilitating FIO's eight sessions. It contains a detailed description of each session including objectives, rationale, scripts, time allocation, room setup, equipment and supplies, exercises and activities, and facilitation hints.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
Introduction to the Facilitator Guide	NA	Pages 32-33
Session Content	NA	NA
Managing the Quality Assurance Plan	91	NA
Monitoring the Evaluation Plan and Collecting Data	Pages 75-90	NA

Q. What Should My Agency Consider When scheduling FIO Sessions?

A. A number of considerations factor into choosing the days, times, and venues for your sessions. Surveying potential participants regarding best times and support needs will help determine the most appropriate times and locations for holding the group sessions. Some issues to consider include childcare responsibilities/accessibility, job and/or school commitments, and accessibility to the intervention location. Additionally, identifying barriers will provide your staff the opportunity to address some of the factors that may hinder participation.

Q. Where Should Sessions be Located?

A. The location of FIO can greatly influence retention rates. Sessions held in locations that are easily accessed will be more likely to retain participants: a location that your target population can access easily (and access in safety and comfort) facilitates regular attendance. Holding the session at a location where women already are, like in the same building as the after-school program, also helps. Consider locations close to public transportation or in a popular or high-trafficked part of town. Ensure that locations are available for sufficient time to implement the intervention, even if it starts late. Being asked to leave during the middle of a session is disruptive. As discussed previously, having established MOUs/MOAs assists agencies in ensuring that the venue is available during the selected times and can detail other roles and responsibilities.

One case study agency conducted their sessions within a hospital and found that it was difficult to get women to attend at this venue. Also, space was at a premium in this hospital, and when the two hours were up, the group had to move or end the session, even if they had not yet completed the session.

Another case study agency tried conducting FIO in a school cafeteria because it was convenient, but had difficulty maintaining women's attention due to the noise.

A community day care center after hours was a site that one case study agency found worked particularly well.

Q. What Do We Need to Consider When Running Sessions?

A. The pace, flow, and interest level of the sessions can have a great impact on the willingness of participants to return to later sessions. Facilitators thus have a large responsibility for supporting participant retention. Session content should be exciting and presented in an innovative, fun, inclusive, and supportive way to encourage participants to return to later sessions.

Participants who feel alienated or disconnected are less likely to return to future sessions than those who feel welcomed, safe, and supported. Facilitators should ensure participants contribute to discussions, participate in role-plays, and feel supported when expressing themselves. Positive reinforcement (e.g., through the use of “Thanks” Chips) can be helpful to promote retention. Personal thank-yous for attendance from facilitators after the session is completed can serve as additional positive reinforcement tools—particularly if coupled with appreciation for specific contributions made by the participant during the session. Also, the appropriate use of humor, small prizes for participating in role-plays or getting an answer correct and applause after role-plays are ways to keep participants engaged.

Case study agencies found that splitting up the script into short pieces and alternating who spoke was a good way to keep the energy level up.

SECTION 6: Adaptation

FIO was originally designed and tested with ethnically diverse women ages 18 to 30 years old who were recruited from a family planning clinic. Agencies adopting FIO should make every effort to deliver the intervention to the group for whom it is originally intended and in the way it was originally delivered before considering making changes. Any adaptations to FIO should be discussed with your Project Officer who can assist you with technical assistance. Some parts of FIO may be adapted to better fit the needs of your agency and target population. This means agencies must stay within the guidance of the approved adaptation process. Doing so allows FIO to be adapted to a different population or setting, but ensures that the effectiveness of the intervention is maintained by preserving the heart of the intervention.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
Adaptation of FIO	67 and Appendix C	NA

There are a number of ways that FIO can be adapted to your agency and target population. When deciding how to adapt the intervention to meet the needs of your agency, it is important to maintain fidelity. Remember:

1. The Core Elements of the intervention cannot be changed
2. The Key Characteristics of the intervention can be adjusted but cannot be eliminated

For more information on making adaptations and the steps to ensure fidelity is maintained, you may contact a capacity-building assistance (CBA) provider through your local health department or the Centers for Disease Control and Prevention (CDC).

Q. Whom Should I Contact if My Agency Wants to Adapt FIO to Suit My Client or Target Population?

A. The first step in making adaptations is to talk to your Program Officer at the CDC. The next step is to familiarize yourself with the Core Elements, Key Characteristics, and theory of behavior change for FIO to ensure that any adaptations you make are in line with the intent of the intervention.

Q. What Are Some Basic Ways to Adapt FIO?

A. Some basic adaptations can be made easily. These include:

- Altering the group size to between six and fifteen
- Allowing women older or younger to attend, provided that they are still of childbearing age so that the messaging of FIO is still relevant
- Changing the names in the script to reflect your population i.e., Juan not John
- Hold two sessions a week instead of one
- Add logos to your "Thanks" Chips or give them another name
- Use fruit instead of penile models

You will notice that none of the above adaptations change Core Elements or eliminates Key Characteristics.

Q. Can we Deliver the Intervention Without Providing Free Condoms?

A. No. Providing free condoms is a way to enable women to enact the condom negotiation skills that they learn and a way to decrease the financial barrier to experimenting with safer sex. Having the option of whether or not give out condoms really undermines the fidelity of FIO. If your agency has a policy against giving out free condoms, then you should not be conducting FIO. If you do not have the resources to purchase condoms, it should be included in your budget request or alternative methods for obtaining free or low-cost condoms should be explored.

Q. Can We Deliver the Intervention to Groups of Women Who Are of Diverse Race/Ethnicity Instead of to One Specific Group?

A. The FIO research population included African American, Caribbean, Latina, and White women in the same groups, although the majority of participants (72 percent) were African American or Black. FIO can be used in populations that differ in ethnicity or race from the research population because the focus is on the commonalities among women in sexual relationships with men, rather than on the commonalities of a particular ethnic or racial group.

Q. Can We Deliver the Intervention in a Language Other Than English?

A. It is not recommended to administer FIO in another language because its efficacy has only been proven when administered in English with English-speaking populations. Delivering it in another language would undermine the fidelity. While facility in English is a requirement for participation in FIO, women who may not be that strong in English, but can speak and understand it can participate. Your agency should have policies and procedures on how best to incorporate women whose first language is not English. A Spanish version of FIO is not yet available.

Q. Can We Do the Sessions With Three to Five Participants Instead of the Eight to Twelve Listed in the Protocol?

A. FIO uses small group discussions and role-plays as key activities which require several participants. For this reason, it is preferable to have at least eight participants in the intervention. However, the intervention can work with six individuals.

One case study agency had only four people at a few sessions and it was problematic because the same people had to volunteer for multiple role-plays and became fatigued and less engaged.

Q. Can We Delete Material or Topics That do Not Apply to Our Target Population?

A. The materials and topics provided have been effectively used with a wide range of populations. While you cannot remove any materials or activities in the intervention, you can make changes to make them more applicable to your target population (see below). Any changes should be carefully considered, discussed thoroughly with your Project Officer, and done only after a good faith effort to implement FIO as it is written. Core Elements and Key Characteristics should be reviewed before adaptations are made to ensure the adapted intervention are delivered with fidelity. Any adaptation to activities should consider the behavioral determinants that are being addressed by that activity. Modified activities should continue to address the same behavioral determinant in the same manner, and the Core Elements should not be altered or deleted.

Q. How Should We Make Changes in Written Handouts?

A. Before making any changes it is important that an agency has participated in a training of facilitators (TOF) and understands what parts of an intervention can be adapted and how. If the change is something straightforward, such as changing some of the language, names, or setting in a role-play, an agency can make these changes to the handout. Anything beyond such minor changes would require contacting a Capacity Building Assistance (CBA) provider for consultation.

Q. Why is it Necessary to Offer All of the Sessions?

A. In the original research FIO was proven effective with all eight sessions. Removing a session may compromise the effectiveness of the intervention, and means your agency is no longer implementing FIO.

Q. Can We Change the Order of the Sessions?

A. Because the sessions build on one another, changing the order will compromise the logic and flow of the intervention. Additionally, the intervention was tested and proven effective in the given order, therefore changing it would undermine its effectiveness.

Q. Can We Reduce the Amount of Time for a Cycle of Group Sessions? For Example, Can We Consolidate the Sessions into a Weekend Retreat?

A. FIO consists of eight two-hour sessions, with each of the sessions presenting new information and skills that build upon earlier sessions. Starting at Session Two, each participant sets between-session goals based on the information presented in that session. Women need the opportunity to share the information and practice the skills they learn in each session. Participants also benefit from sharing their successes and challenges in changing their behaviors with the other participants. Without these opportunities, there is no reason to believe that women would be able to increase condom use or decrease sex without a condom. In fact, the original research found that a four-session group was not as effective as an eight-session group in leading to long-term changes in risk behaviors. Finally, facilitators and participants would likely experience fatigue.

Q. Can the Program Be Conducted in Places Other Than Community-Based Settings, Such as Group Homes or Correctional Facilities?

A. Yes. Project FIO could be delivered in other settings, such as:
Community-Based Organizations (CBO) settings (non-clinical)
Non-urban communities where HIV prevalence is high
Health departments

You may have to make adaptations to certain exercises to accommodate facility rules and regulations. When making any adaptations based on other populations or settings, it is crucial that agencies are mindful of not altering the essential features or core elements of the intervention.

SECTION 7: Monitoring and Evaluation

There are a number of reasons an agency may want to evaluate an intervention. Evaluation ensures accountability to the community, their staff, clients, and funding source, but also helps improve the quality and delivery of the intervention. Evaluation helps the agency decipher what worked and did not work, which is important to effectively improve and adapt their programs. For more information on the types of evaluation your agency will conduct and why refer to the "Maintenance" section of the Program Manager Guide.

For More Information on:	See the Program Manager Guide	See the Facilitator Guide
Managing the Quality Assurance Plan	91	NA
Monitoring the Evaluation Plan and Collecting Data	Pages 75-90	NA

Q. Are We Required to Monitor and Evaluate the Intervention?

A. Requirements for monitoring and evaluating FIO depend on your funder. Regardless, monitoring and evaluation are important activities. They can provide your organization with answers to important questions about effective implementation and outcomes for FIO. Examining these questions is an important part of demonstrating accountability to your stakeholders.

Q. Do We Have to Use All of These Forms?

A. The forms provided are samples that will help you with your monitoring and evaluation efforts. You may modify them, but each collects important data.

Q. Do We Need to Use the Enrollment Form in Particular?

A. The enrollment form helps with screening to ensure that the women in the intervention are members of the target population. The questions seek to ensure that the women present are those for whom the messages of FIO were designed and for whom they will be most relevant.

We highly recommend using these forms to screen potential participants. Some agencies may be unable to exclude women based on FIO participation criteria because they have a pre-existing group or due to an unwillingness of women to answer the screening questions.

Q. Which Forms Are Used to Prepare the Intervention Sessions and Which Forms Are Used to Monitor and Evaluate the Intervention?

A. To prepare for the intervention use the Participant Enrollment Form. All the other forms are for process and outcomes monitoring and evaluation. For a detailed list of the forms and their uses please see the Program Manager Guide.

Q. Must We Interview Participants?

A. In order to determine whether clients are benefitting from the intervention, it is necessary to collect data from them. However, interviewing is not the only way to collect data. FIO's forms are designed to be completed by the participant. If your participants have low literacy, you may choose to conduct the survey orally.

Failing to collect any data from participants is a lost opportunity to understand and improve your agency's implementation of the intervention.

Q. What is the Difference Between Process Monitoring and Process Evaluation?

A. Process monitoring measures the implementation of FIO and answers questions like: "How many people attended?" "How many cycles were implemented?" and "What were the demographics of participants?"

Process evaluation is a more intensive activity that compares the implementation of FIO to a goal. It answers questions like: "How did the population served compare to the target population?" "How did the implementation of the intervention compare to the set guidelines (Fidelity)?" and "How did our recruitment compare to our goals?"

Q. Can We Use Estimated Instead of Actual Demographic Counts?

A. Requirements for demographic data depend on funders. Actual demographic counts provide more accurate data, but if for some reason you are unable to collect actual counts (unwillingness of participants to identify, lack of time, etc.) then estimated counts will suffice. Remember that if you are using estimated counts to state this in your reporting.

Q. What Do I Do With the Evaluation Results?

A. Evaluation results serve several functions. Through continuous quality improvement, you can use the results to inform future changes in your implementation of the program. Results can also provide a motivational tool for staff, enhance supervision efforts, and indicate where further staff training is necessary. Another good use of evaluation results is inclusion in reports to funders as well as funding applications in the future.

Q. What Should I Do if Our Funder Wants Different Variables Than the Ones in the Package's Forms?

A. Forms are provided to you in an electronic format which can be modified to include additional variables. Feel free to modify the forms to meet you data collection needs.

Q. How Can We Best Assess if the Intervention is Making a Difference?

A. Conducting outcomes monitoring is the best way to assess if the intervention is making a difference. The Participant Survey included in the intervention package is a tool for conducting outcomes monitoring activities. If you need additional support, contact a CBA provider.

Q. How Do I Evaluate the Program?

A. To conduct process monitoring and evaluation, use the forms provided in the intervention including 1) Participant Attendance Form 2) Fidelity Checklist 3) Supervisor Rating Form 4) Participant Contact Form 5) Participant Feedback Form and 6) FIO Referral Notes. Collecting data on these forms and subsequently analyzing it will provide information on how the intervention was run and how the implementation compares to expectations and goals.

By comparing the baseline Participant Survey and the follow-up Participant Survey you will be able to document changes in your clients associated with the intervention. This is the primary way that FIO conducts outcomes monitoring.